o ENHANCED PROVIDER PARTICIPATION

The purpose of this provision in the cooperative agreement is to assure maximum availability of qualified providers of KAN-Be-Healthy services in public health departments and in local school districts throughout the state.

KDHE will:

1. Staff a full-time Public Health Nurse VI position to provide education to enhance provider participation in KAN Be Healthy screenings and to provide the State General Fund portion of the salary and State General Fund portion of the other operating expenses to support this position.

2. Certify to SRS, all State General Funds available and used in order to match with Federal Financial Participation.

3. Fund a KAN Be Healthy brochure to be distributed as agreed upon by KDHE and SRS jointly. The design and format of the brochure shall be jointly agreed to by KDHE and SRS.

4. Provide an updated budget by June 1 of each year, or as needed, subject to approval by SRS.

SRS will:

1. Provide the Federal Financial Participation, at the current match rates for the salary of a full-time Public Health Nurse VI position and other operating costs associated with this program. The salary will be matched at the 75% FFP, all other costs will be matched at the administrative match rate.

2. Develop and produce a brochure on KAN Be Healthy in Cooperation with KDHE.

TN#MS-93-24 Approval Date OCT 25 1993 Effective Date JUL 01 1993 Supersedes TN#MS-92-02

C. SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS (SHS)

This section provides for child find and case management of SHS eligible youth who are also eligible for Medical Assistance.

The purpose of SHS is to promote the functional skills of young persons in Kansas who have a handicap, disability, or chronic disease, by providing or supporting a system of specialty health care. SHS is responsible for the planning, development and promotion of the parameters and quality of specialty health care for the handicapped youth of Kansas. The objectives of the program are to provide identification, diagnosis and treatment of children who are at risk for or suspected of, or with a handicapping condition.

Cooperation between Medical Services and SHS is required for effective delivery of services to those individuals eligible for both programs.

Financial responsibility for the health service costs of mutual recipients is held by three major sources -- private insurance, Medical Assistance and SHS. Private health insurance coverage for recipients is to be the "first dollar". In the event that insurance coverage is insufficient or not available, Medical Assistance is "second dollar" and is to be billed for the services covered for Medical Assistance recipients. SHS is "last dollar", and is responsible for services authorized in advance by SHS that are not covered by private insurance or by Medical Assistance.

o GENERAL

KDHE will:

1. Determine eligibility for SHS as defined in K.A.R. 28-4-403, 28-4-406, and 28-4-407.

2. Designate responsibility for specific professional health care for children with discernible physical handicaps or chronic disease through an individualized health care plan and/or prior authorization.

3. Provide secondary case management services for handicapped or chronically ill youth who are service recipients of both Medical Assistance and SHS.

4. Designate SRS to monitor the adequacy of services for SSI children in state institutions, with selective participation in program evaluation.

5. Refer potential recipients to SRS at the time of application and annual review for continued SHS eligibility.

6. Include KAN-Be-Healthy participation as part of case management services for recipients of both Medical Assistance and SHS.

7. Provide transportation assistance for non-KAN-Be-Healthy/SHS recipients.

8. Authorize in advance of purchase, Durable Medical Equipment (DME) items for children receiving Medical Assistance and SHS under criteria established with SRS.

SRS will:

1. Determine eligibility for Medical Assistance in accordance with KAR Chapter 30, Article 6.

2. Enroll, certify and monitor providers of services to Medical Assistance recipients.

3. Promote referral to SHS of Medical Assistance eligible children who may also be eligible for SHS. Publicize the advantages of SHS referral to all providers and SRS area staff through provider bulletins, special letters to physicians and health departments, provider workshops and professional meetings.

4. Provide transportation assistance for KAN-Be-Healthy participants to and from medical services. Non-KAN-Be-Healthy participants must make other arrangements for transportation.

5. Notify SHS of policy or program changes by forwarding appropriate provider bulletins and Medical Assistance provider material.

6. Provide a list of those eligible for Supplemental Security Income (SSI) to SHS on a monthly basis.

7. Provide to SHS copies of each Independent Professional Review (IPR) and Utilization Review (UR) completed for each SSI child who is in a state institution.

8. Provide to SHS a list of Medical Assistance maximum allowable rates for procedures provided by both SHS and Medical Assistance, and update the list as rates change.

9. Approve SHS access to A.I.S. (Automated Information System).

KDHE and SRS will:

1. Make available, upon request, program information, applications, brochures and technical assistance.

2. Respond to questions and inquiries concerning SHS and Medical Assistance.

3. Provide statewide public awareness activities related to programs of mutual interest.

4. Provide information prior to implementation of changes in policies and procedures which affect mutual clients.

5. Provide input into the development of program and reimbursement policies and procedures which affect the service delivery of mutual clients when requested.

6. Designate a person to serve as a liaison to foster cooperative working relationships among personnel of SHS and Medical Assistance. These designees shall confer at least quarterly.

o MEDICAL ASSISTANCE PRIMARY CARE NETWORK CASE MANAGEMENT

KDHE will:

1. Obtain the name of the Medical Assistance case manager from the family of the SHS child at the time of assignment and at anytime the Medical Assistance case manager changes.

2. Notify Medical Assistance case manager through a joint letter with Medical Assistance that a Medicaid eligible child assigned to them is also a SHS recipient. The letter will explain the need for specialty care and SHS secondary case management. The letter will be accompanied by a turnaround document which, when returned, will constitute a referral. (A 10 day turnaround time is requested.)

3. Forward the referral to all secondary care providers for each child.

4. Contact the Medical Assistance case manager for follow up if the referral is refused or is not returned within 10 calendar days.

5. Forward those referrals not returned within ten days of the followup contact with the Medical Assistance case management to the Director of the Medical Assistance Program.

6. Forward those referrals which are refused to the Medical Director of the Medical Assistance Program.

7. Develop a Health Care Plan and forward it to the Medical Assistance case manager within 10 calendar days after the referral is documented for ongoing cases. When the first service is a diagnostic evaluation by a medical specialist to determine SHS eligibility, develop and forward the Health Care Plan to the Medical Assistance case manager within 10 calendar days after the client is determined eligible.

8. Forward medical reports from secondary providers to Medicaid case managers within 2 days of receipt.

9. Furnish program information to Medical Assistance case managers.

10. Provide families with information and assistance upon request relative to appeals when a referral is denied by the Medical Assistance case manager.

SRS will:

1. Notify the Medical Assistance case manager via joint letter when a referral to SHS is requested.

2. Respond when notified to any Medical Assistance case manager who is reluctant to refer to SHS and promote the referral after a follow up contact is made or when the written referral is not returned. If a referral is not deemed appropriate, inform SHS by telephone. The total time from notification to telephone call to SHS is not to exceed 5 days.

3. Allow referrals to SHS from Medical Assistance case managers to be effective for the length of the SHS treatment plan.

4. Provide SHS with a current claim denial code manual and updates as they occur.

5. Forward those referrals not returned within ten days of the follow up contact with the medical assistance case manager.

o SUPPLEMENTAL SECURITY INCOME (SSI)

KDHE will:

1. Provide DDRS access to SHS automated case management system to identify children and youth known to SHS for the purpose of obtaining medical evidence in the SSI eligibility determination process.

2. Provide DDRS access to SHS automated case management system for the identification of providers meeting SHS standards per K.A.R. 28-4-405 for pediatric care.

3. Provide DDRS access to SHS children's records to copy medical evidence of documentation.

4. Pull SHS records for DDRS staff review based on list provided by DDRS.

5. Provide work space for DDRS staff to review and copy pertinent medical records.

6. Designate SRS to monitor the adequacy of services for SSI children in state institutions, with selective participation in program evaluation.

SRS will:

1. Assure that a release of information for each individual is part of their DDRS record when obtaining medical evidence from SHS.

2. Provide training to SHS providers regarding medical documentation and other information required to document disability claims.

3. Provide SHS a list of cases they wish to review for medical evidence.

4. Provide staff to review and copy medical evidence documentation from SHS records.

5. Provide a list of those eligible for SSI to SHS on a monthly basis.

6. Provide to SHS copies of each Independent Professional Review (IPR) and Utilization Review (UR) completed for each SSI child who is in a state institution.

KDHE and SRS will:

1. Make available program information, applications, brochures and technical assistance.

2. Respond to questions and inquiries concerning SHS, DDRS and SSI.

3. Provide statewide public awareness activities and training related to programs of mutual interest.

4. Designate a person to serve as a liaison to foster cooperative working relationships among personnel of SHS and DDRS. These designees shall confer at least quarterly.

5. Develop a protocol to establish a standard for the evaluation of medically complex children.

D. PRENATAL HEALTH PROMOTION/RISK REDUCTION

Prenatal Health Promotion/Risk Reduction is a client service designed to reduce the incidence of poor pregnancy outcomes for Medicaid childbearing clients and their newborns. Services are provided by local Title V agencies and assure access for the Medicaid eligible client to prenatal health promotion services.

KDHE will:

1. Develop program content criteria, guidelines and related program standards.
2. Recommend content of program services.
3. Recommend reimbursement level for program services.
4. Provide technical assistance and consultation to local health departments.

SRS will:

1. Approve content of program services.
2. Determine reimbursement levels for program services.
3. Enroll qualified providers.
4. Provide workshops, manuals and technical assistance regarding billing procedures.
5. Determine client eligibility.
6. Provide information about services to Medicaid applicants and eligible prenatal clients.
7. Make referrals to local Title V agencies.

SRS and KDHE will:

1. Promote early identification of pregnant women and infants and use of services.
2. Encourage cooperation between local Title V agencies and local SRS offices to develop outreach, eligibility determination and referral procedures.
3. Implement utilization review procedures.
4. Evaluate impact of program services on perinatal outcomes for service recipients.

TN#MS-93-24 Approval Date OCT 25 1993 Effective Date JUL 01 1993 Supersedes TN#MS-92-02

o EXPANDED NUTRITION SERVICES FOR HIGH RISK PREGNANT WOMEN

Expanded nutrition services for high risk Medicaid prenatal clients will be provided by registered/licensed dietitians at local Title V agencies. The purpose of expanded nutrition services is to provide ongoing nutrition assessments and risk appropriate interventions for high risk prenatal clients.

KDHE will:

1. Develop service description, risk criteria, assessment and intervention protocols and referral and follow-up guidelines, as an addition to the Prenatal Health Promotion/Risk Reduction Implementation Guidelines.

2. Define entry point/referral process to initiate receipt of expanded nutrition services.

3. Recommend number of contacts/service units for services and related reimbursement levels.

4. Designate qualified local agencies for delivering expanded nutrition services.

5. Encourage cooperation between local Maternal and Infant (M&I) Projects and local WIC providers to facilitate the identification of eligible Medicaid prenatal clients and to establish referral procedures.

6. Provide technical assistance and consultation to service providers.

7. Assure that state match dollars are reasonably available through local Maternal and Infant Projects prior to the start of the fiscal year and notify SRS prior to the beginning of a calendar quarter in the event funding will not be available.

8. Maintain documentation for each local agency reflecting the available state match at the end of each calendar quarter.

9. Provide a certification statement to SRS within three weeks after the end of a quarter stating that state general funds were available to match the federal funds.

10. Require each local agency that receives more than $25,000 to have a circular A-128 audit and follow-up on any findings including return of funds if necessary.

11. Accept responsibility for federal financial penalties or adjustments which result if it is found on retrospective review or audit that state general funds were not available to match federal funds.

SRS will:

1. Approve expanded nutrition service content/units of service as an addition to the Prenatal Health Promotion/Risk Reduction Program.

2. Determine reimbursement levels for service.

3. Enroll qualified local health department providers and designate those approved for this service.

4. Provide workshops, manuals, and technical assistance regarding billing procedures for service providers.

5. Determine client eligibility for Medical Assistance.

6. Provide information about expanded nutrition services for medical prenatal clients who are identified at nutritional risk and participating in a local Maternal and Infant Project.

7. Provide a quarterly report to KDHE reflecting payments for nutrition services.

SRS and KDHE will:

1. Promote early identification of pregnant women and infants and use of program services.

2. Implement utilization review procedures.

3. Evaluate impact of services on perinatal outcomes for service recipients through cooperative sharing of outcome/statistical data.

o EXPANDED SOCIAL WORK SERVICES

Enhanced social work services for Medical eligible prenatal clients will be provided by licensed social workers through local agencies implementing approved Maternal and Infant Projects (M&I).

1. Develop services description, risk categories, assessment and intervention protocols and referral and follow-up guidelines, as an addition to the Prenatal Health Promotion/Risk Reduction Implementation Guidelines.

2. Define entry point/referral process to initiate receipt of enhanced social work services.

3. Recommend number of contacts/service units for services and related reimbursement levels.

4. Designate qualified local agency Maternal & Infant Projects for delivering enhanced social work services.

5. Provide technical assistance and consultation to service providers.

6. Assure that state match dollars are available through local Maternal and Infant Projects prior to the start of the fiscal year and notify SRS prior to the beginning of a calendar quarter in the event funding will not be available.

7. Maintain documentation for each local agency reflecting the available state match at the end of each calendar quarter.

8. Provide a certification statement to SRS within three weeks after the end of a quarter stating that state general funds were available to match the federal funds.

9. Require each local agency that receives more than $25,000 to have a circular A-128 audit and follow-up on any findings including return of funds if necessary.

10. Accept responsibility for federal financial penalties or adjustments which result if it is found on retrospective review or audit that state general funds were not available to match federal funds.

SRS will:

1. Approve enhanced social work content/units of service as an addition to the Prenatal Health Promotion/Risk Reduction Program.

2. Determine reimbursement levels for service.

3. Enroll qualified local agency providers and designate those approved for this service.

4. Provide workshops, manuals, and technical assistance regarding billing procedures for service providers.

5. Determine client eligibility for Medical Assistance.

6. Provide information about enhanced social work services for Medicaid eligible prenatal clients who are identified at psychosocial risk and participating in a local Maternal and Infant Project.

7. Provide a quarterly report to KDHE reflecting payments for enhanced social work services.

SRS and KDHE will:

1. Promote early identification of pregnant women and infants and use of program services statewide.

2. Implement utilization review procedures.

3. Evaluate impact of services on perinatal outcomes for service recipients through cooperative sharing of outcome/statistical data.